

DETAILS OF PRIVATE WATER SAMPLE

Client Details

Name: _____ Address: _____ _____ _____ State: _____ Post Code: _____ Signature: _____	<b style="color: red;">Laboratory use only LRN (Micro): _____ LRN (Chem): _____ Date Received: _____ Condition: _____
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Sample Details

Note: separate samples are required for microbiology and chemistry analysis.

Sample type:	Microbiology	Chemistry
Sample number (1, 2, 3 etc.):		
Date sampled:		
Time sampled:	am/pm	am/pm
Point of collection (e.g. kitchen tap, bathroom):		
Comments:		

About the Water

Source

- Rainwater tank
- Bore
- River
- Lake
- Spring (well)
- Other: _____

Treatment

- Untreated
- Chlorinated
- Filtered
- UV
- Other: _____

Receiving the Results

- Mail or Fax to () _____

- If the results do not comply with the *Australian Drinking Water Guidelines*, I would like the results telephoned to () _____